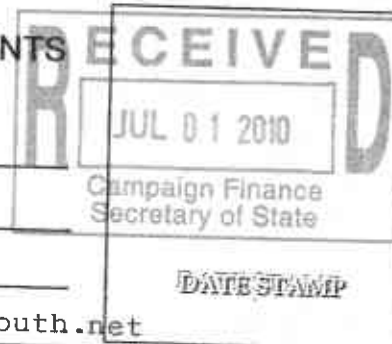


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect Dara SkinnerAddress P.O. Box 10256, Gulfport, MS 39505Telephone 228-860-5494Fax 228-831-1319Treasurer Helen FrazerEmail daraskinner@bellsouth.net
☐ Check here if above is different from previous report
TYPE OF REPORT

☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
☒ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0 +\$ 2580.00	\$ 2580.00	\$ 5476.23
Total amount of disbursements	\$ 405.16+\$ 0	\$ 405.16	\$ 3301.39
Total amount of cash on hand		\$ 2174.84	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Helen Frazer
Signature of Director or Treasurer

7-1-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Dara SkinnerReporting period 6-1-2010 through 6-30-2010

ITEMIZED DISBURSEMENTS

A. Full name	DMD Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	16235 Moran Road	06 / 11 / 10	\$ 405.16
City, State, Zip Code	Gulfport, MS 39503	__ / __ / __	\$
Purpose of Disbursement (Optional)	sign materials	Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$